UDC: 616.15-006:616-082.6 DOI: 10.52532/2663-4864-2022-3-65-12-18

HEMATOLOGY CENTER LLP PROJECT OFFICE ORGANIZATION EXPERIENCE

I.A. PIVOVAROVA[1], *L.G. TURGUNOVA*[2], *A.A. KLODZINSKY*[1], *M.N. BUTYUGINA*[2], *M.A. KAKHANOVA*[1], *N.E. ANTONOVA*[2]

[1]«Hematology Center» LLP, Karaganda, the Republic of Kazakhstan;
[2]«Karaganda Medical University,» NJSC, Karaganda, the Republic of Kazakhstan

ABSTRACT

Relevance: *The achievement of complex goals facing medical organizations is determined mainly by the ability to solve problems considering the available and expected resources. Project Management Office (PMO) is a business tool that effectively supports achieving goals. The availability of reliable information on incidence, therapeutic solutions, treatment outcomes, and survival of patients with oncohematological diseases is a prerequisite for introducing modern diagnostics, high-tech treatment methods, and providing quality medical care. The article describes the experience of the Hematology Center LLP Project Management Office as a tool to create a database of patients with hemoblastosis.*

The research aimed to *evaluate the effectiveness of the Project Management Office at the Hematology Center LLP in studying the approaches to treatment and their efficacy in patients with oncohematological diseases.*

Methods: *We analyzed the operation of the PMO, established in November 2020 at the Hematology Center LLP. The project office was tasked to analyze the data of patients with oncohematological diseases treated at the Hematology Center LLP branch in Ust-Kamenogorsk from 2015 to 2021 and at the Karaganda branch from 2018 to 2021. Data from the Hematology Center LLP information system was used to create a database of patients with oncohematological diseases, calculating nosological structure based on the line of therapy and making a patient's profile to select a treatment regimen.*

Results: *The conditions for the PMO operation were described: a plan, a specific outcome, a specially organized team, and a time interval; the PMO operating effectiveness was analyzed. The resulting data made it possible to assess the volume, level, and effectiveness of medical and diagnostic care for the mentioned nosologies to justify improving the existing patient examination and routing system.*

Conclusion: *The activities of the Hematology Center LLP Project Management Office to study the structure and effectiveness of treating patients with oncohematological diseases proved the viability of using the project management approach in medical organizations.*

Keywords: *Project Management Office, oncohematology, project management.*

Introduction: Medical organizations are essential tools for achieving goals in the modern structure of healthcare. Along with the direct provision of medical and diagnostic services to the population, which remains their absolute priority, ensuring proper medical care requires medical organizations to plan the volume of medical care, develop and implement clinical protocols, train medical personnel, and conduct research.

A well-organized monitoring system is a critical factor for success when simultaneous planning and implementation of several strategic directions are needed. The Project Management Office (PMO) is one of the effective organizational structures created to facilitate project management. This approach was introduced in the mid-1960s in military, aerospace, and civil engineering (CRAWFORD, 2002) [1]. According to the definition of the Project Management Body of Knowledge (PMBOK) of the Project Management Institute (PMI), "a project is a temporary enterprise aimed at creating a unique product, service or result" [2]. The term "project management," which is used in various fields, implies systematic planning, organization, and then step-by-step implementation of steps with the maximum application of "knowledge, skills, tools, and methods to the work of the project to meet the requirements for the project" [3]. Today, project management is a critically important business tool that effectively supports achieving goals [4, 5].

One of the problems facing the oncohematology service is the need for detailed, reliable information about the incidence, diagnosis, and distribution of patients according to the applied therapeutic solution and its implementation, treatment outcomes, quality of life, and survival of patients. The particular relevance of this problem is due not only to the continuing growth of hematological morbidity but also to the success of modern hematology, the development, and implementation of high-tech, expensive treatment methods, the need to plan the volume of medical care, and rational allocation of funds. Currently, there is no oncohematological registry in Kazakhstan that contains complete information about patients.

It is difficult to extrapolate the results of clinical trials into actual clinical practice since it is known that all over the world, the majority of patients who do not meet the inclusion criteria remain outside the scope of clinical studies [6].

In the available literature, it was possible to find relatively few works devoted to the effectiveness of PMOs in medical organizations. The issues of developing criteria and factors for the effectiveness of project management in healthcare remain open [7, 8].

The research aimed to evaluate the effectiveness of the Project Management Office at the Hematology Center LLP in studying the approaches to treatment and their efficacy in patients with oncohematological diseases.

Materials and methods: We analyzed the operation of the PMO, established in November 2020 at the Hematology Center LLP (Karaganda, Republic of Kazakhstan). The PMO was tasked to analyze the data of patients with oncohematological diseases treated at the Hematology Center LLP branch in Ust-Kamenogorsk from 2015 to 2021 and at the Karaganda branch from 2018 to 2021.

The group of nosologies studied included all patients registered at the Hematology Center LLP with acute leukemia (AL), multiple myeloma (MM), chronic lymphocytic leukemia (CLL), chronic myeloproliferative diseases (CMD), chronic myeloid leukemia (CML), myelodysplastic syndrome (MDS). The total sample size was 1,190 people. Data were retrieved from the Hematology Center Medical Information system (MIS) by pre-selected request fields according to the study tasks.

Statistical analysis was carried out using the SPSS 23 program. Categorical data are presented in the form of frequencies and percentages. The differences were evaluated using the Kruskal-Wallis method, the Mann-Whitney criterion, p=0.05 was taken as a statistically significant level when comparing groups. Overall survival (OS) was counted from the moment of diagnosis till the last contact with the patient/patient's death. Relapse-free (event-free) survival was understood as the period from the remission date to the establishment of relapse/progression. Survival rates were calculated using the Kaplan-Meier method.

Results: During the PMO operation, a working group, including residents and employees of the Center and the medical university, was established. A work plan consisting of three blocks was developed and presented as follows:

I. Operational block: conclusion of an agreement on non-disclosure of personalized data by members of the working group for access to the MIS database, briefing on working with the MIS, preparation of tables on relevant nosologies by branches in Karaganda (2019-2020) and Ust-Kamenogorsk (2018-2020);

II. Production: statistical analysis of data with the calculation of nosological structure based on the line of therapy and making a patient's profile to select a treatment regimen;

III. Organizational unit: formation and discussion of a report on nosologies and type of hospital, preparation of a publication describing the design and results of the work.

According to the activities of each block, deadlines and responsible persons were determined. The project started on March 01, 2021, and ended on April 01, 2021. The weekday and time for regular meetings were approved to discuss and monitor the Project office operation.

The "typical patients' profile," the number and structure of lines (categories "Line 1," "Line 2," "Line 3") was determined by chemotherapy, the effectiveness of treatment according to generally accepted criteria depending on the nosology, general and relapse-free (event-free) survival of patients, the patient's route depending on the specific chemotherapy program.

As the experience of working on the Project, the office has shown, in block I, data sampling and filling tables by nosology was the most labor-intensive and time-consuming, regardless of nosology. Thus, among the patients of the round-the-clock hospital (1190 people), patients with oncohematological diseases, in particular with Ph-negative CMD, CLL, MM, chronic myeloid leukemia, Hodgkin's and non-Hodgkin's lymphomas, and MDS amounted to 775 people (65.1%) (Figure 1).

The patients with Ph-negative CMD – 244 (32%) and AL – 134 (17%) prevailed. CLL and MM had a comparable frequency of 122 (16%) and 114 (15%), respectively. 71 (9%) patients with chronic myeloid leukemia and 39 (5%) with MDS were also registered. Patients with Hodgkin's and non-Hodgkin's lymphomas (ICD codes 10 C81.0-C 88.0) accounted for 6% since in the Karaganda and East Kazakhstan regions, treatment of this group of patients is carried out mainly based on cancer centers. The actual prevalence of nosologies in hospital settings did not correspond to the available general prevalence data. Thus, CML, one of the most common leukemias in adults, was registered in hospitals only in 9% of cases. Given that patients with CML can pass molecular assessment only in hospital settings, the data obtained indicate the current health examination issues.

When filling out the nosology tables, difficulties were revealed related to the lack of examination or diagnostic data in patients diagnosed in the East Kazakhstan region before 2015 and in the Karaganda region before 2018. For example, immunophenotyping was not performed in 14 (11.4%) patients with CLL. 8 (57.1%) of them have not been observed by a hematologist in the last three years, three (21.4%) were sent to a day hospital for further examination and did not show up for hospitalization, three patients died. In patients with chronic Ph-negative CMP (244 people), problems

were identified related to the lack of a regular system for monitoring the response to treatment, the therapy type, and the frequency and structure of complications. In our opinion, this was mainly due to an insufficiently developed follow-up monitoring system and the fact that most patients' diagnoses were verified with no access to an examination by modern standards. Today, cytogenetic, molecular genetic methods, immunotyping of blood serum and urine, and determination of free light chains are used in full. For example, according to the ELN 2017 classification [9], all patients with AML, who were diagnosed during the study and received a standard or low-intensity chemotherapy, were attested to the molecular risk group.

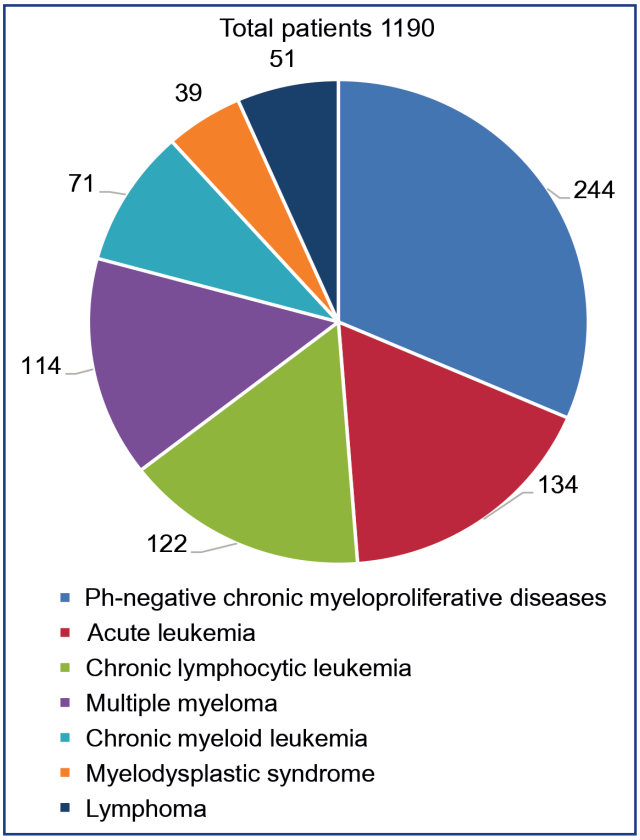

Figure 1 – Patients of the Hematology Center LLP (Karaganda, Kazakhstan), included in the study

As part of blocks II and III implementation, reports were prepared and submitted according to the developed form for four nosologies (Table 1). The sections of the information consisted of the following items: nosology code according to ICD 10, diagnosis criteria, criteria for evaluating the response to treatment, criteria for the leading assessed epidemiological indicators (early mortality, relapse-free and overall survival), characteristics of patients with a description of the "patient profile" depending on the therapy, the main treatment regimens (lines or stages depending on nosology), including initial, post-remission therapy, transplant activity, survival analysis (at least general and relapse-free), considering factors such as the stage of the disease, genetic markers, age (depending on the nosological form), conclusions and suggestions, routing of patients. The deadlines for submitting the CMD reports were not met.

As a result of the work carried out, the necessary data were obtained to assess the volume, level, and effectiveness of medical and diagnostic care within the framework of these nosologies. For example, the analysis results of a group of patients with acute myeloid leukemia (ICD code 10 p.92.0) showed that the induction of remission during the analyzed period was carried out in 54.6% of patients, 20.9% were on low–intensity therapy, and 24.4% of patients were on accompanying therapy. The age of patients on induction therapy was 46.9 years. Complete remission was achieved in 61.7% of patients, primary resistance – in 21.3%; early mortality was registered in 17% of cases. Transplantation activity was low: allogeneic transplantation was performed in 7 patients, three were in remission (25 months), and 4 had a fatal outcome. In the "standard chemotherapy" group, the median relapse-free survival was nine months, and 41.4% of pa-

tients were alive at the time of the analysis. The median overall survival in the group receiving standard chemotherapy was 11 months, and in the "low-intensity therapy" group – 2.5 months (p=0.081).

Table 1 – Brief description of the patients included in the study with AML, CLL, MM, and MDS

Indicators	AML	CLL	MM	MDS
Number of patients	86	122	114	39
Karaganda and East Kazakhstan regions/others	64/15/7	102/20	94/20	26/9/4
Age, years (Me, min-max)	60.5 years (19-86)	65.5 years (41-82)	63 years (36-82)	66 years (36-83)
Number (%) of patients who received 1-line therapy	65 (75,6)	68 (55,7%)	106 (93)	20 (51)
Overall survival, months (Me)	16	22	39	41

The stages of preparation of reports were discussed in the workshop's framework in the online format. Additionally, during the implementation of the III block in 2022, an article, "Modern possibilities of diagnosis and treatment of acute myeloid leukemia in adults in the Republic of Kazakhstan," was published in the "Clinical oncohematology" journal. The results were reported at the Republican school of hematology conferences with international participation in "Golden Autumn," a webinar "Innovations in hematology: expanding horizons." In 2022, changes were prepared to clinical protocols, including "Chronic lymphocytic leukemia in adults," "Myelodysplastic syndrome," and "Acute myeloid leukemia in adults."

Discussion: Project management has been considered an essential strategy in many industries since the last century. The need to transfer the practice of project management in business to the healthcare system is due to the search for an effective healthcare development strategy contributing to high-quality and affordable medical care. An increase in health resources by itself may not have a visible impact on the results of health protection measures if not accompanied by the redistribution of these resources and the use of genuinely effective technologies [10]. Considering the accumulated positive experience in the application of project management in corporate business and the economy, as well as the objective need for rational spending of funds, the use of this technology in healthcare will be most justified in solving such tasks as the construction of a medical organization, equipping a medical organization/unit, meeting the need for medicines / medical products of the region, organization, the introduction of a new the standard of work of the medical organization/unit and the implementation of public-private partnership [11]. The transfer of project management to the healthcare system is carried out at the state level in many countries. On October 19, 2017, the Prime Minister of the Russian Federation, D. Medvedev, signed documents on the termination of specific federal targeted programs in Russia and their transfer to the format of "state-based on the principles of project management" [12].

Kazakhstan has approved a Standard project management regulation to introduce modern project management approaches to improve the efficiency of interaction between government agencies and development institutions. So, for example, the project office was created as part of the implementation of the project for the construction of a new medical building of the National scientific oncology center LLP in Nur-Sultan.

Literature analysis revealed a limited amount of systematized data on the success of project management in healthcare and the factors contributing to its effectiveness, despite healthcare's economic and social importance in society [10, 11, 13]. In this article, we shared the experience of implementing a project office in the Hematology Center to characterize the most common oncohematological diseases such as AML, CLL, MM, and MDS. Due to the lack of practical experience in project management at healthcare institutions, it is considered appropriate to use the knowledge of project management accumulated in the business environment. We possessed all the project implementation prerequisites, such as interrelated tasks, a limited budget, a specific target result, a specially organized team, and a time interval [13].

Assuming that project success is measured by the achievement of its goals and the desired results, the presented experience of the Hematology Center LLP Project Office evidences the general effectiveness of this management model. However, the developed project efficiency criteria used in information technology, engineering, and software development projects cannot be fully applied in healthcare. The success of a public health project mainly depends on its pronounced impact on the target population. However, measuring is challenging since the results are often not perceptible. This complexity of estimating effects is a severe problem for project and program managers.

An analysis of the literature on the development of criteria and factors for the effectiveness of project man-

agement in public health has shown that despite the importance of such indicators of the "iron triangle" as cost, time, and quality, other, mostly subjective, success criteria, such as stakeholder satisfaction, customer benefit or other parties, as well as opportunities for future growth and value creation for the project manager [14]. The focus has shifted from short-term project success to success in both the short and long terms.

We believe the target results have been achieved in the short term. The characteristics of the existing state of medical and diagnostic care for patients with the most frequent oncohematological diseases were obtained, the possibility of evaluating the available therapy results was determined, and problematic issues and areas for further improvement were identified. However, the effectiveness of the project can be considered high if appropriate measures are initiated on its basis, which will lead to improved planning, including resource allocation and management of oncohematological diseases. The experience presented by us can be used to create an automated system for monitoring the survival of patients with oncohematological diseases in the long term as a mechanism for evaluating the effectiveness of medical care and resource allocation.

Among the factors contributing to the implementation of the project, it should be noted that its goal corresponds to the main task of the Hematology Center – to provide affordable and high-quality medical care. In addition, management support, team members' interest, planning, monitoring of work, access to information, and communication between team members were of no minor importance.

Improving the effectiveness of the project in the future requires developing and implementing a unified system for monitoring oncohematological pathology within the country to ensure rational planning of oncohematological care, the effectiveness of the technologies used, and the possibility of comparative analysis with the achievements of other clinics.

Findings:

1. The results of the Hematology Center LLP project office work on the study of the structure and effectiveness of treatment of patients with oncohematological diseases have shown the effectiveness of project management use in medical organizations in solving specific tasks, namely, obtaining information about the structure of morbidity, responses to treatment.

2. The results of the project office work allow us to develop a transparent system of indicators for evaluating the effectiveness of managing patients with oncohematological diseases and resource allocation. In particular, a method of routing and dispensary observation of patients was created.

Conclusion: The results of the analysis showed that, along with a specific positive dynamic in the management of patients with AML, CLL, MM, and MDS, it is necessary to continue working to improve current standards of diagnosis and treatment, as well as the introduction of monitoring of indicators of relapse-free and overall survival. The obtained results served as an additional justification for creating a patient routing system; suggestions were made to develop and introduce a list of critical events in the MIS. Perhaps the experience of implementing project management in a medical organization will be the first step in the evolution of management from a separate project to the conceptualization of project management as an organizational ability aimed at creating a patient-oriented healthcare model.

References:

1. Crawford L. Developing Organizational Project Management Capability: Theory and Practice // Proj. Manag. J. – 2006. – Vol. 37(3). – P. 74-86. https://doi.org/10.1177/875697280603700308.

2. Hobbs B., Aubry M. The Project Management Office (PMO): A Quest for Understanding. – Project Management Institute, 2010. https://www.pmi.org/learning/academic-research/the-project-management-office-pmo-a-quest-for-understanding. 14.04.2022.

3. Руководство к своду знаний по управлению проектом (Руководство PMBOK). – 6е изд. – Пенсильвания: Институт управления проектами, 2017 [A guide to the project management body of knowledge (PMBOK guide). – 6th ed. – Pennsylvania: Project Management Institute, Inc. (in Russ.)]. ISBN: 978-1-62825-193-7. https://biconsult.ru/files/datavault/PMBOK-6th-Edition-Ru.pdf.

4. Haynes E.E., Gwynn M., Momodu O., Olatosi B. Project Management Training in Schools and Programs of Public Health in the United States // Pedagogy in Health Promotion. – December 2021. https://doi.org/10.1177/23733799211062245.

5. Об утверждении Типового регламента проектного управления государственных органов. Приказ Министра национальной экономики Республики Казахстан: утв. 13 января 2022 года, №2 [Ob utverzhdenii Tipovogo reglamenta proektnogo upravleniya gosudarstvennyx organov. Prikaz Ministra nacional'noj e'konomiki Respubliki Kazaxstan: utv. 13 yanvarya 2022 goda, №2 (in Russ.)]. https://base.spinform.ru/show_doc.fwx?rgn=138037. 29.04.2022.

6. Ailawadhi S., Romanus D., Cherepanov D., Yin Y., Cheng M., Hari P. Evolving Real-World Treatment Patterns in Patients with Newly-Diagnosed Multiple Myeloma (NDMM) in the United States (U.S.) / Blood. – 2019. – Vol. 134. – P. 3164. https://doi.org/10.1182/blood-2019-124301.

7. Bagherpour M., Erjaee A. The Role of Project Management Office in Public Health: A New Approach for Establishment in Iran // Iran J. Public Health. – 2017. – Vol. 46(3). – P. 433–434. https://www.researchgate.net/publication/316442408_The_Role_of_Project_Management_Office_in_Public_Health_A_New_Approach_for_Establishment_in_Iran.

8. Santos C.A., Santos V.B., Tavares A.C., Varajão J.D. Project Management in Public Health: A Systematic Literature Review on Success Criteria and Factors // Port. J. Public Health. – 2020. – Vol. 38. – P. 37-48. https://novaresearch.unl.pt/en/publications/project-management-in-public-health-a-systematic-literature-revie.

9. Dohner H., Estey E., Grimwade D., Amadori S., Appelbaum F.R., Buchner T., Dombret H., Ebert B.L., Fenaux P., Larson R.A., Levine R.L., Lo-Coco F., Naoe T., Niederwieser D., Ossencoppele G.J., Sanz M., Sierra J., Tallman M.S., Tien H.F., Wei A.H., Lowenberg B., Bloomfield C.D. Diagnosis

and management of AML in adults: 2017 ELN recommendations from an international expert panel // Blood. – 2017. – Vol. 129(4). – P. 424-447. https://doi.org/10.1182/blood-2016-08-733196.

10. Хабриев Р.У., Ягудина Р.И., Правдюк Н.Г. Оценка технологий здравоохранения. – М.: ООО «Медицинское информационное агентство», 2013. – 413 с. [Khabriev R.U., Yagudina R.I., Pravdyk N.G. Ocenka texnologij zdravooxraneniya. – M.: OOO «Medicinskoe informacionnoe agentstvo», 2013. – 413 s. (in Russ.)].

11. Тхориков Б.А. Проектное управление в ЛПУ: опыт Белгородской области // Здравоохранение. – 2012. – №7. – С. 28-32 [Txorikov B.A. Proektnoe upravlenie v LPU: opyt Belgorodskoj oblasti // Zdravooxranenie. – 2012. – №7. – S. 28-32 (in Russ.)].

12. Министерство экономического развития Российской Федерации. Прогноз социально-экономического развития Российской Федерации на 2017 год и на плановый период 2018 и 2019 годов [Ministerstvo e'konomicheskogo razvitiya Rossijskoj Federacii. Prognoz social'no-e'konomicheskogo razvitiya Rossijskoj Federacii na 2017 god i na planovyj period 2018 i 2019 godov (in Russ.)]. https://www.economy.gov.ru/material/directions/makroec/prognozy_socialno_ekonomicheskogo_razvitiya/prognoz_socialno_ekonomicheskogo_razvitiya_rossiyskoy_federacii_na_2017_god_i_na_planovyy_period_2018_i_2019_godov.html. 14.04.2022.

13. Нечаев В.С. Методологические особенности проектного управления государственно-частным партнерством в здравоохранении // Проблемы стандартизации в здравоохранении. – 2020. – №5-6. – С. 10-14 [Nechaev V.S. Metodologicheskie osobennosti proektnogo upravleniya gosudarstvenno-chastnym partnerstvom v zdravooxranenii // Problemy standartizacii v zdravooxranenii. – 2020. – №5-6. – S. 10-14 (in Russ.)]. https://doi.org/10.26347/1607-2502202005-06010-014.

14. Martinho F.M. Project Management: A Study Considering the Success Criteria in a Contingency Approach // Multidisc. Sci. J. – 2017. – Vol. 08 (02). – P. 105-121. https://www.nucleodoconhecimento.com.br/business-administration/management-in-projects.

«ГЕМАТОЛОГИЯ ОРТАЛЫҒЫ» ЖШС ЖОБАЛЫҚ КЕҢСЕСІНІҢ ЖҰМЫС ТӘЖІРИБЕСІ

И.А. Пивоварова[1], Л.Г. Тургунова[2], А.А. Клодзинский[1], М.Н. Буюгина[2], М.А. Каханова[1], Н.Е. Антонова[2]

[1]«Гематология орталығы» ЖШС, Қарағанды, Қазақстан Республикасы;
[2]«Қарағанды қаласының медициналық университеті» КЕАҚ, Қарағанды, Қазақстан Республикасы

ТҰЖЫРЫМ

Өзектілігі: *Медициналық ұйымдардың алдында тұрған стратегиялық мақсаттарға ойдағыдай қол жеткізу үшін көбіне қолда бар және күтілетін ресурстарды ескере отырып, оларды шешу жолдарын таба білумен анықталады. Қазіргі уақытта жобаларды басқару Кеңсесі (Project Management Office (PMO) ең маңызды іскерлік дағды болып табылады, оны қолдану арқылы алға қойылған мақсаттарға тиімді қол жеткізуге мүмкіндік береді [4, 5]. Сапалы медициналық көмек көрсетумен қатар, заманауи диагностика мен емдеудің жоғары технологиялық әдістерін енгізу жағдайында онкогематологиялық аурулары бар науқастардың сырқаттануы, терапевтік шешімдері, емдеу нәтижелері мен өміршеңдігі туралы сенімді ақпарат алу мәселелері ерекше маңызды болды. Мақалада гемобластоздармен ауыратын науқастардың деректер базасын құру жобасы бойынша шешуші құралы ретінде жобалық кеңсенің тәжірибесі сипатталған.*

Зерттеу мақсаты: *онкогематологиялық аурулары бар науқастарды емдеу тәсілдерін мен оның тиімділігін зерттеуге бағытталған «Гематология орталығы» ЖШС-нің жобалық кеңсе жұмысының тиімділігінің нәтижелерін бағалау.*

Әдістері: *2020 жылдың қараша айында құрылған «Гематология орталығы» ЖШС-нің жобалық кеңсе жұмысының негізі - 2015 жылдан бастап Өскемен қаласындағы орталық филиалында және 2018 жыл мен 2021 жылдың ақпан айының аралығында Қарағанды қаласының филиалында емдеуде болған онкогематологиялық аурулары бар пациенттердің ерекшеліктерін сипаттау. «Гематология орталығы» ЖШС ақпараттық жүйесінің деректері негізінде терапия желісінің санатына байланысты нозология схемаларының құрылымын есептей отырып, онкогематологиялық аурулармен ауыратын науқастардың деректер базасы құрылды. емделушіге емдеу режимін таңдау.*

Нәтижелері: *Жобалық кеңсеге қажетті шарттар ұсынылады: жоспар, нақты нәтиже, арнайы ұйымдастырылған топ және уақыт аралығы, жобалық кеңсе жұмысының тиімділігіне талдау жүргізіледі. Нәтижесінде осы нозологиялар шеңберінде емдік-диагностикалық көмектің көлемін, деңгейін және тиімділігін бағалауға мүмкіндік беретін деректер алынды, бұл пациенттердің диспансерлеуі мен бағыттау жүйесін жетілдірудің негіздемесі болды.*

Қорытынды: *«Гематология орталығы» ЖШС жобалық кеңсесінің онкогематологиялық аурулары бар науқастарды емдеудің құрылымы мен тиімділігін зерттеу бойынша жұмысының нәтижелері медициналық ұйымдарда жобалық менеджментті қолданудың тиімділігін көрсетті.*

Түйінді сөздер: *жобалық кеңсе, онкогематология, жобалық басқару.*

ОПЫТ РАБОТЫ ПРОЕКТНОГО ОФИСА ТОО «ЦЕНТР ГЕМАТОЛОГИИ»

И.А. Пивоварова[1], Л.Г. Тургунова[2], А.А. Клодзинский[1], М.Н. Бутюгина[2], М.А. Каханова[1], Н.Е. Антонова[2]

[1]ТОО «Центр гематологии», Караганда, Республика Казахстан;
[2]НАО «Медицинский университет Караганды», Караганда, Республика Казахстан

АННОТАЦИЯ

Актуальность: *Успешное достижение стратегических целей, стоящих перед медицинскими организациями, во многом определяется умением находить пути их решения с учетом имеющихся и предполагаемых ресурсов. В настоящее время Офис управления проектами (ОУП) является критически важным деловым навыком, применение которого позволяет эф-фективно достигать поставленных целей. Наряду с оказанием качественной медицинской помощи, вопросы получения до-стоверной информации о заболеваемости, терапевтических решениях, результатах лечения и выживаемости пациентов с онкогематологическими заболеваниями в условиях внедрения современной диагностики, высокотехнологичных методов ле-чения приобрели особую актуальность. В статье описан опыт работы ОУП как инструмента проекта по созданию базы данных пациентов с гемобластозами.*

Цель исследования: *оценить результаты эффективности работы проектного офиса ТОО «Центр гематологии» по изучению подходов к лечению и его эффективности у пациентов с онкогематологическими заболеваниями.*

Методы: *Основой для работы был анализ работы ОУП, созданного в ноябре 2020 года в ТОО «Центр гематологии» для выполнения проекта по описанию характеристик пациентов, оценке эффективности терапии у пациентов с онкогема-тологическими*

заболеваниями, находившимися на лечении с 2015 года в филиале центра в г. Усть-Каменогорске и с 2018 года по февраль 2021 года в филиале г. Караганде. На основе данных информационной системы ТОО «Центра гематологии» была создана база пациентов с онкогематологическими заболеваниями с расчетом структуры схем по нозологиям в зависи-мости от категории ли-нии терапии, составление «портрета» пациента для выбора схем лечения.

Результаты: *Представлены необходимые условия работы ОУП: план, конкретный результат, специально организо-ванная команда и временной интервал, проведен анализ эффективности работы ОУП. В результате были получены дан-ные, позволяющие оценить объем, уровень и эффективность лечебно-диагностической помощи в рамках указанных нозоло-гий, что стало обоснованием для совершенствования имеющейся системы диспансеризации и маршрутизации пациентов.*

Заключение: *Результаты работы ОУП ТОО «Центр гематологии» по изучению структуры и эффективности лечения пациентов с онкогематологическими заболеваниями показали целесообразность использования проектного управления в медицинских организациях.*

Ключевые слова: *проектный офис, онкогематология, проектное управление.*

Transparency of the study: *Authors take full responsibility for the content of this manuscript.*
Conflict of interest: *Authors declare no conflict of interest.*
Financing: *Authors declare no financing of the study.*
Authors' input: *contribution to the study concept – I.A. Pivovarova, L.G. Turgunova, A.A. Klodzinsky; study design – I.A. Pivovarova, L.G. Turgunova, A.A. Klodzinsky; execution of the study – I.A. Pivovarova, L.G. Turgunova; interpretation of the study – I.A. Pivovarova, L.G. Turgunova, A.A. Klodzinsky; preparation of the manuscript – I.A. Pivovarova, L.G. Turgunova, A.A. Klodzinsky, M.N. Butyugina, M.A. Kakhanova, N.E. Antonova.*

Authors' details:
Pivovarova I.A. – MD, MBA, Chairman of the Board, Hematology Center LLP, Karaganda, the Republic of Kazakhstan, tel. +77051023677, e-mail: info@hemcenter.kz, ID ORCID: https://orcid.org/0000-0003-1495-1619;
Turgunova L.G. – Doctor of Medicine, Professor at the Internal Diseases Department, Karaganda Medical University NJSC, Karaganda, the Republic of Kazakhstan, tel. +77012273536, e-mail: Turgunova@qmu.kz, ID ORCID: https://orcid.org/0000-0002-6962-4247;
Klodzinsky A.A. – Candidate of medical sciences, medical director of «Hematology Center» LLP, Karaganda, the Republic of Kazakhstan, tel. +77016839963, e-mail: info@hemcenter.kz, ID ORCID: https://orcid.org/0000-0002-3787-6159;
Kakhanova M.A. – Resident hematologist at Karaganda Medical University NJSC, Karaganda, the Republic of Kazakhstan, tel. +77754073137, e-mail: info@hemcenter.kz, ORCID:0000-0002-0323-0341;
Antonova N.E. – Resident hematologist at Karaganda Medical University NJSC, Karaganda, the Republic of Kazakhstan, tel. +77773545584, e-mail: info@hemcenter.kz, ORCID: 0000-0003-2699-0834.
Butyugina M.N. (corresponding author) – Assistant at the Internal Diseases Department, Karaganda Medical University NJSC, NAO "Karaganda Medical University," Gogol St. 40, Karaganda 100000, the Republic of Kazakhstan, tel. +77058298729, e-mail: Butyugina@qmu.kz, ID ORCID: https://orcid.org/0000-0002-9048-9385.